

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003903 (1)

1. Corporation Name

CYPRESS HEAD RESIDENTIAL HOMEOWNER'S ASSOCIATION
, INC.

Principal Place of Business

6251 PALM VISTA ST
PORT ORANGE FL 32124

Mailing Address

6251 PALM VISTA ST
PORT ORANGE FL 32124



3. Date Incorporated or Qualified

08/09/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEARN, JAMES J ESQ
138 LIVE OAK AVE
DAYTONA BEACH FL 32114

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

James J. Kearn
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

11/22/96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE

NAME
DPSST
JUSTICE, PAUL S
STREET ADDRESS
6251 PALM VISTA ST
CITY-ST-ZIP
PORT ORANGE FL 32124

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
DESKINS, WILLIAM
STREET ADDRESS
6251 PALM VISTA ST
CITY-ST-ZIP
PORT ORANGE FL 32124

12 NAME: ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
HURT, JEFFREY K
STREET ADDRESS
6251 PALM VISTA ST
CITY-ST-ZIP
PORT ORANGE FL 32124

13 STREET ADDRESS: ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 CITY-ST-ZIP: ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul S. Justice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

CR2E037 (12/95)